

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069626

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	INC.	DEP.
1	/						51						
2		/					52						
3		/					53						
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46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL	4						TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL							TOTAL						
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DEP.							DEP.						